Putting Healthcare Dollars to Work for Jobseekers Facing Barriers to Employment

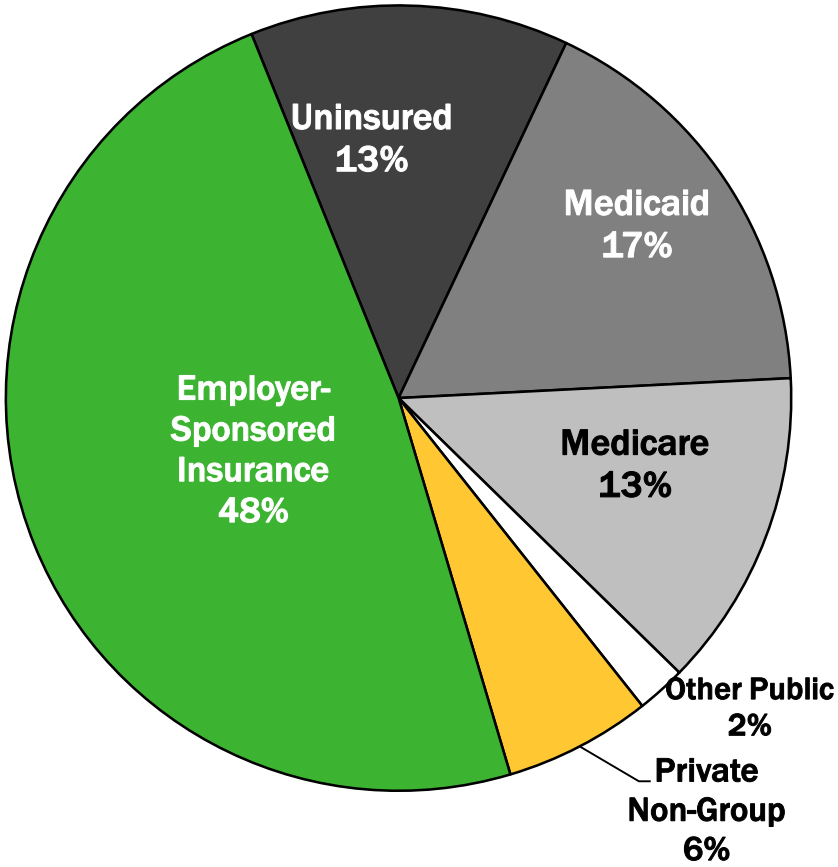
HEARTLAND ALLIANCE
ENDING POVERTY

Presenters

- Dan Rabbitt
  - Health Policy Project Manager, Heartland Alliance
- Susan Lee
  - Senior Project Manager, CSH
- Vivienne Lee
  - Principal Consultant, Strategic Partnerships, REDF

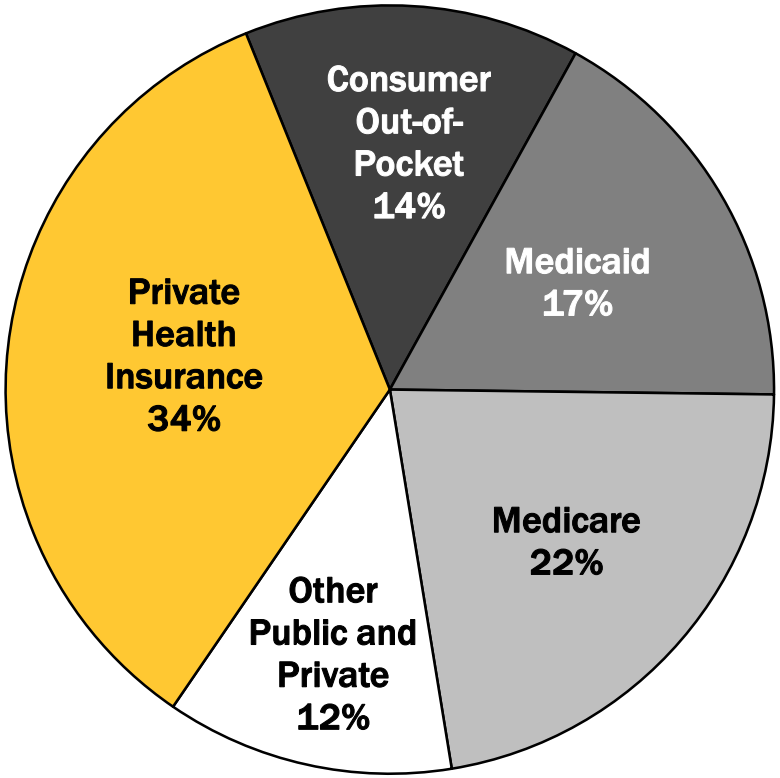
Health Coverage and Spending

Health Coverage



Total = 313.4 million

Health Spending



Total = $2.5 trillion

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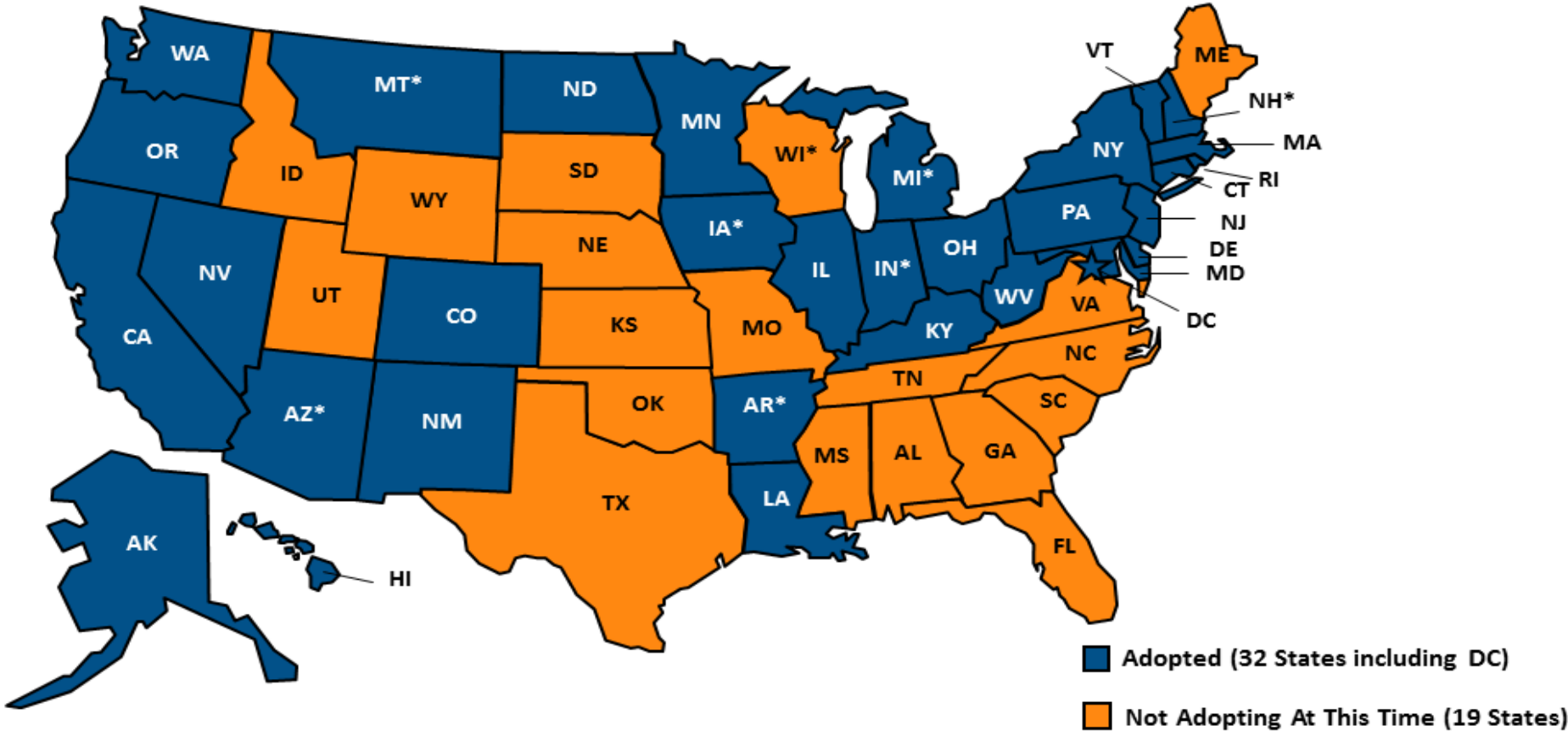
SOURCE: Health insurance coverage: KCMU/Urban Institute analysis of 2013 data from 2014 ASEC Supplement to the CPS. Health expenditures: KFF calculations using 2013 NHE data from CMS, Office of the Actuary

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated October 14, 2016.
http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

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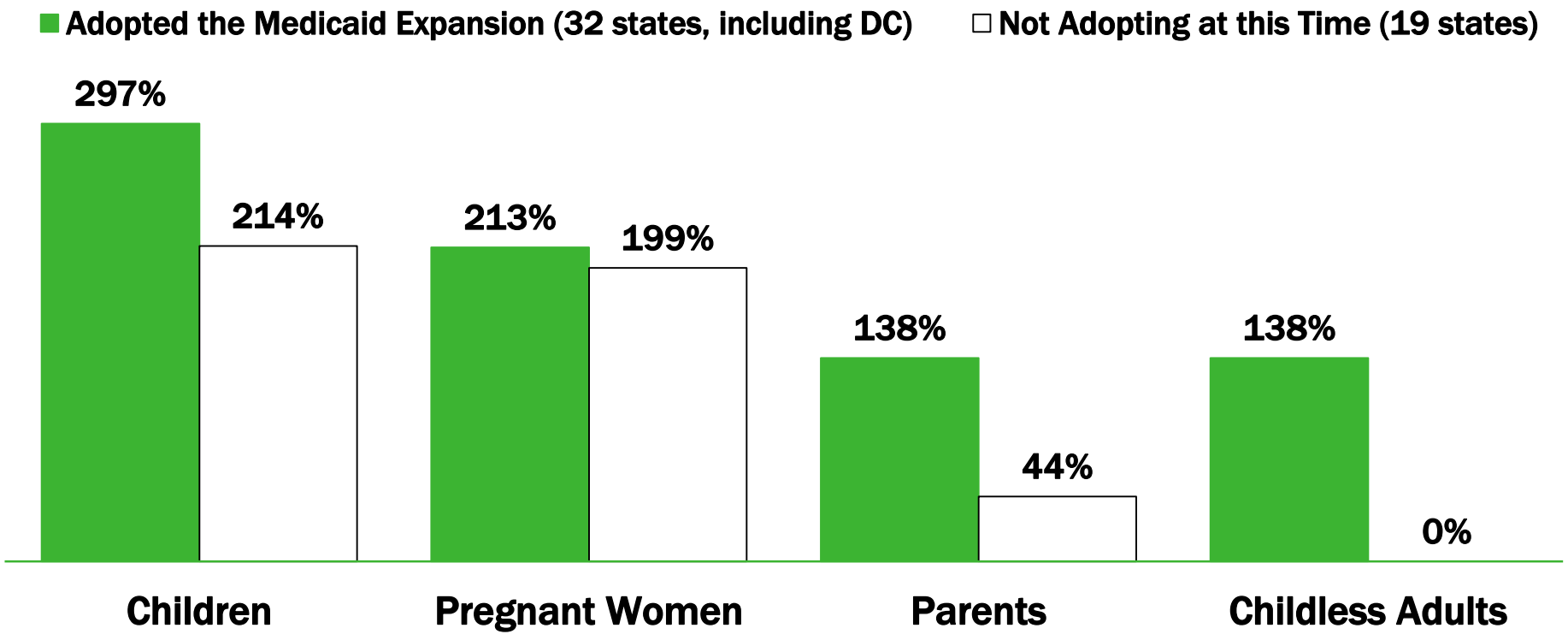
Medicaid Basics

- Federal State Partnership
- Entitlement
- Federal Financial Participation at different rates
- Eligibility based on income and other factors
- Significant flexibility to define benefits

Eligibility levels

Median Medicaid/CHIP Income Eligibility Thresholds, January 2016



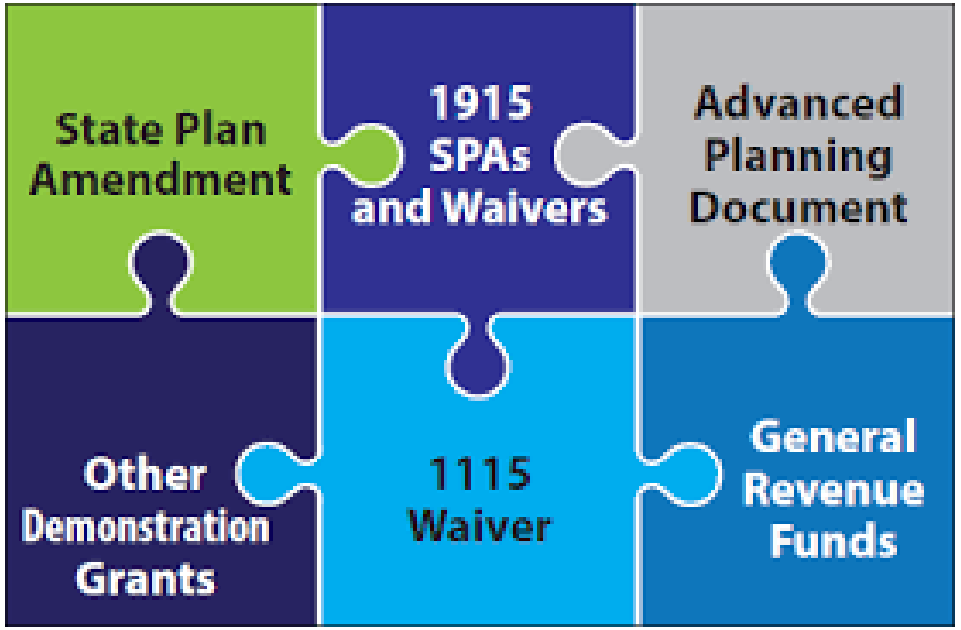
Flexible Benefits

- Mandatory and Optional Benefits defined in the State Plan
  - Rehab Option
- Essential Health Benefits established under the ACA
  - Mental health and substance use disorder treatment
- Medicaid Waivers
  - Home and Community Based Services
  - Section 1115 Waivers

WHY USE MEDICAID?

Illinois Behavioral Health Transformation

- Section 1115 Waiver and related State Plan Amendments
- Seeks to improve mental health and substance use disorder treatment
- Must be budget neutral
- Will bring in $2 billion in additional federal resources over five years



New Services

- Integrated Health Homes
- Supportive Housing
- Transitions from Jails and Prisons
- New Mental Health and Substance Use Disorder Treatment Services
- Supported Employment

Supported Employment Benefit

- Individual Placement and Support (IPS) Program
- Eligibility criteria: Age 14+, serious mental illness, desire to be employed
- Supported employment services provided in conjunction with mental health services
- Per capita fee and outcomes-based rates

Required Public Input

- Federal law requires:
  - 30 day state comment period
  - 30 day federal comment period
- Submitted to feds on Oct 20
- Implementation planned for July 1, 2017

Implementation Questions

- How will participants be screened?
- How will services be authorized?
- What role will managed care play?
- Reimbursement rates
- Integration in Health Homes and other coordinated behavioral health programs

Putting Healthcare Dollars to Work for Jobseekers Facing Barriers to Employment

LaSalle 1

***Vivienne Lee*, Principal Consultant, Strategic Partnerships, REDF**
***Susan Lee*, Senior Program Manager, CSH**
***Dan Rabbitt*, Project Manager, Health Policy, Heartland Alliance**

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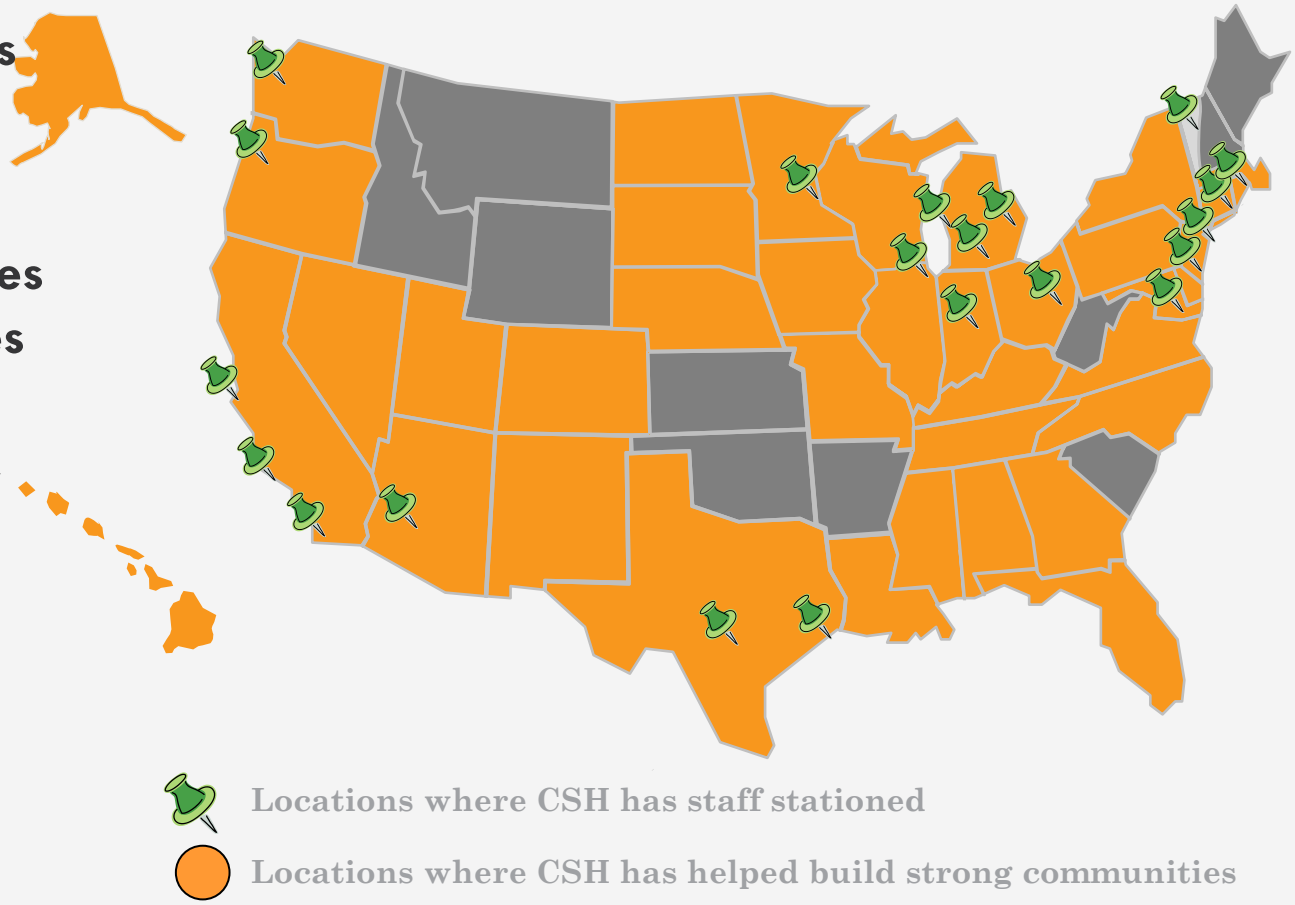
CSH Mission

To advance solutions that

- **use housing as a platform for services to improve the lives of the most vulnerable people,**
- **maximize public resources and**
- **build healthy communities.**



Locations where CSH has staff stationed

Locations where CSH has helped build strong communities

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Cycle of chronic homelessness and crises

➢ high public costs *and* poor health outcomes

Most homeless frequent users of crisis services:

1. **Present complex, co-occurring social, health and behavioral health problems**
2. **Are not adequately served by mainstream systems of care**
3. **Demand comprehensive interventions - encompassing medical and behavioral healthcare, housing, and intensive case management**

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Housing is Health Care

Randomized, control-group, pre-post, pilot evaluations

2002 2008 2009 2011 2013

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What is Supportive Housing?

Health/Mental Health Services

Substance Abuse Tx

Community Building Activities

Supportive housing combines **affordable housing** with **services** that help people who face the **most complex challenges** to live with stability, autonomy and **dignity.**

Independent Living Skills

Employment Services and Support

Budgeting &Financial Management

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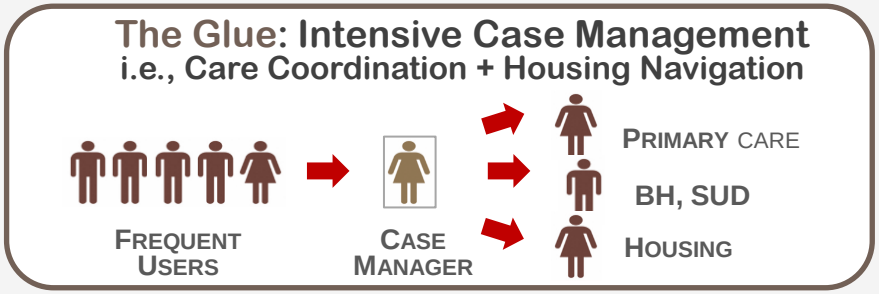
10th Decile Project Model for Health Care Delivery



The most critical role is a case manager, experienced in working with the population and skilled in negotiating housing and healthcare systems.

The staff to client ratio is 1:15.

Case Management Services in Supportive Housing

Health/Mental Health Care Coordination

Tenancy Supports: Cooking, Shopping, Cleaning

Employment Services and Support

Independent Living Skills

Substance Use Recovery

Budgeting & Financial Management

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CMS Bulletin for Funding Housing-Related Activities: Transition & Sustaining Services

Individual HOUSING TRANSITION Services

- Screening & Assessing Housing Needs
- Developing Housing Support Plan
- Assisting with Housing Application Process
- Assisting w/Housing Search
- Identifying Resources to Cover Move-In Costs
- Ensuring Living Environment is Safe
- Supporting Details of Move
- Housing Crisis Plan

Individual HOUSING & TENANCY SUSTAINING Services

- Educating Tenants
- Intervening Early in Behaviors Jeopardizing Housing
- Coaching on Maintaining Relationships
- Assisting to Resolve Disputes
- Linking to Community Resources
- Coordinating to Update Housing Support Plan
- Providing Ongoing Support in Household Management

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CSH FUSE Outcomes

Program	Selected Outcomes
CA FUSHI	• ED visits/charges, IPT admits/days/charges decreased by 60% after 2 years in housing • Participants with *only case management and no housing* increased ED/IPT costs by 50%
NYC FUSE	• 40% fewer jail days • 50% fewer psychiatric hospitalizations • Cost savings of $15,000 per tenant
San Diego Project 25	• Cost savings of $1.4 million in reduced ED and ambulance costs after 12 months in housing
LA County 10th Decile Project	• Hospital ED visits/charges, IPT admits/charges decreased by 72% after 12 months in housing • Net cost savings of $27,000 per client after 12 months in housing

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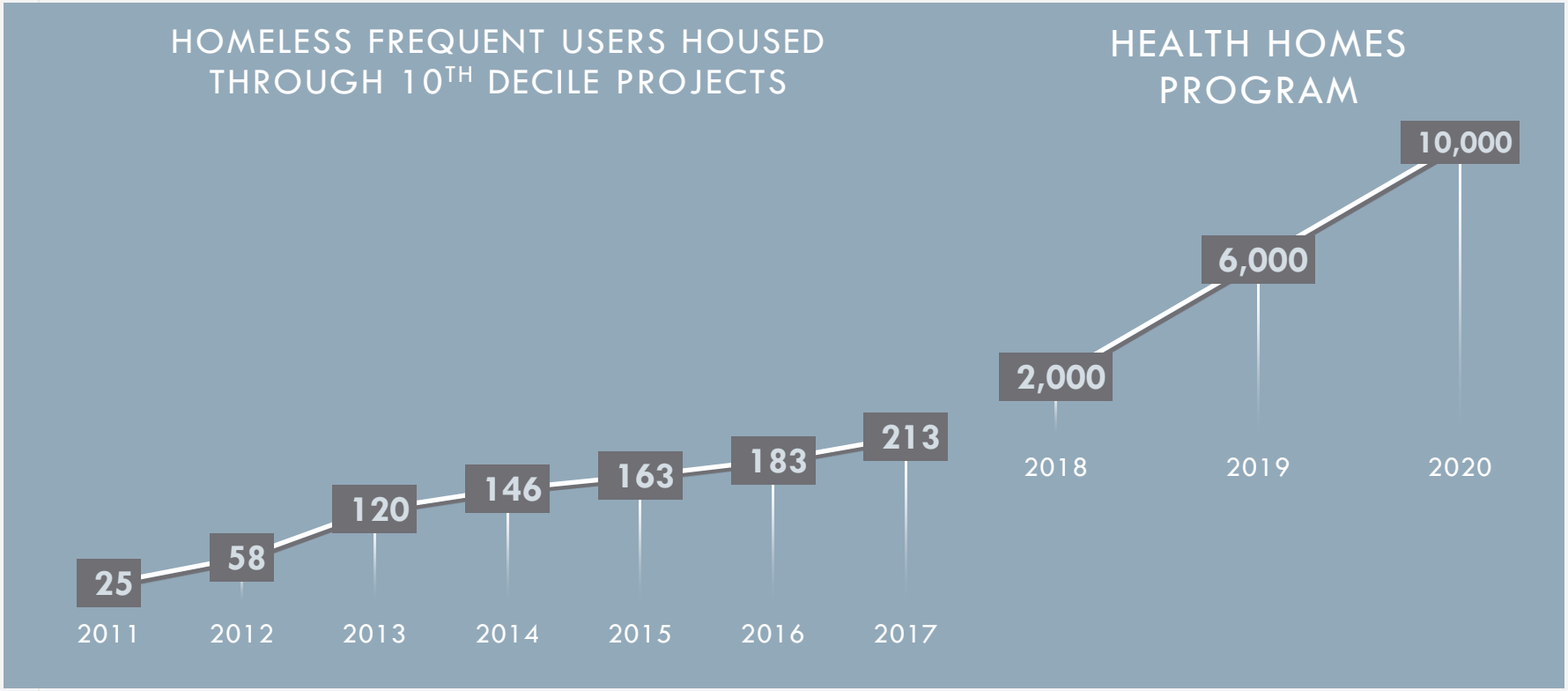
Los Angeles County/CA Health & Housing Systems: FROM PILOTS TO SUSTAINABILITY



ACA Section 2703 Health Homes 2010

CA AB 361 Health Homes Bill 2013

Medicaid Expansion 2014

HHP 2018-

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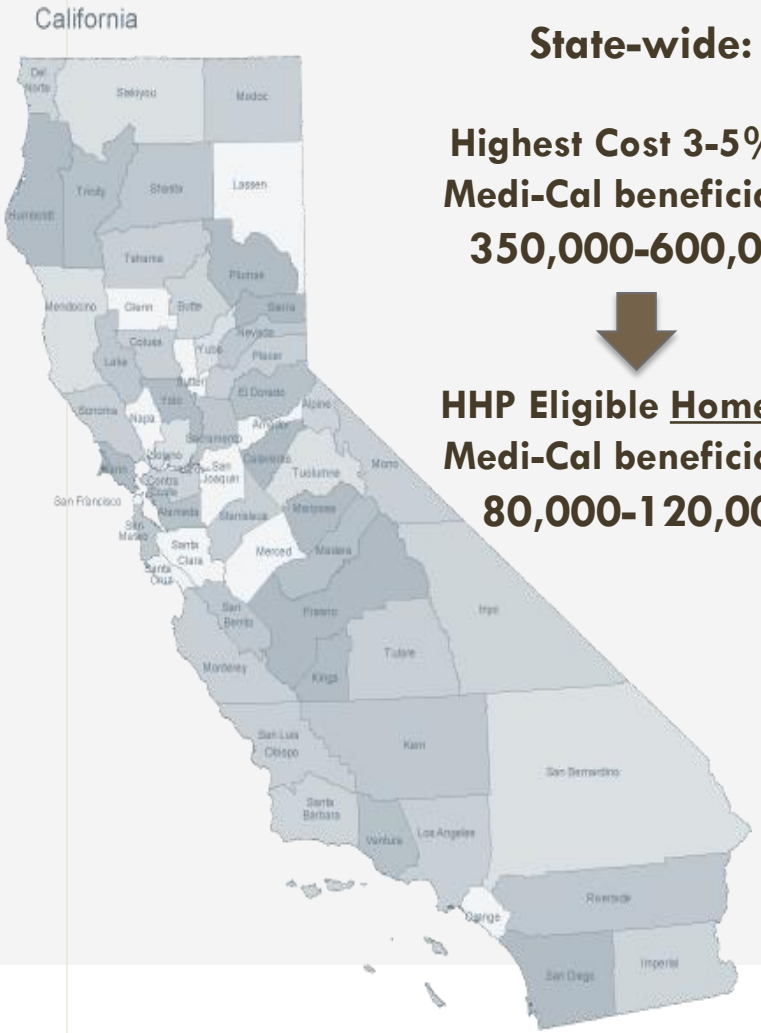
Homeless HHP Projected Enrollment for 2017-18



State-wide:

Highest Cost 3-5% of Medi-Cal beneficiaries
350,000-600,000

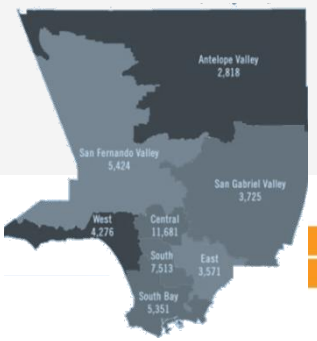
HHP Eligible <u>Homeless</u> Medi-Cal beneficiaries
80,000-120,000

Los Angeles County:

Highest Cost 3-5% of Medi-Cal beneficiaries
87,000-145,000

HHP Eligible Homeless Medi-Cal beneficiaries
[50% of County homeless population]
24,000

TARGET:
***Projected* Homeless HHP Enrollees**
[50% of eligible]
12,000



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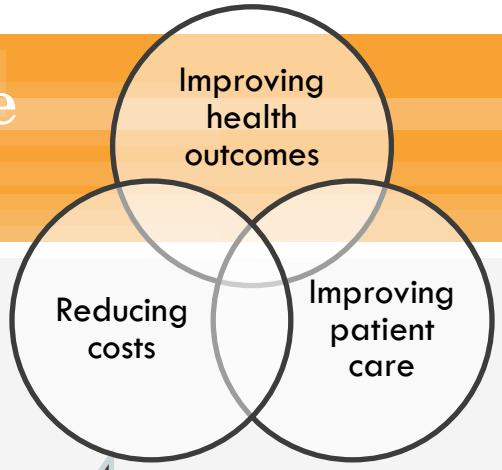
Why the Health Care and Supportive Housing Sectors Need Each Other



Unprecedented changes unfolding now in healthcare marketplace

- **New chronically homeless, complex population** entered managed care in 2014
- **New models of health care delivery** focusing on "Triple Aim," patient-centered, holistic approaches
- To improve care and control costs, healthcare payers are increasingly focused on **frequent users**
- Managed care organizations or MCOs have **strong fiscal incentives** to design more effective care for **high-need, high-cost individuals**

Opportunities for supportive housing providers to create linkages with healthcare payers

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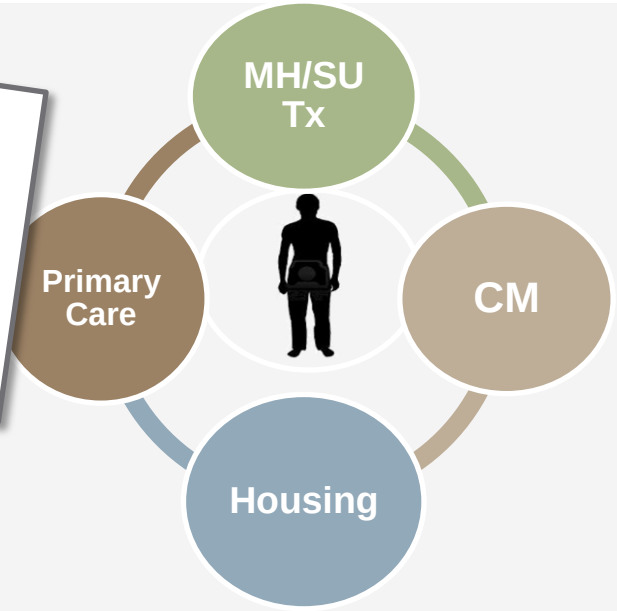
ACA Requirements of Health Home Option, Section 2703

2 Chronic Conditions, 1 Condition & Risk of 2nd, 1 SMI

Can Target by Severity

Team : Primary Care, Behavioral Health, SUD, Social Service Providers



2 Years: 90% Federal, 10% State

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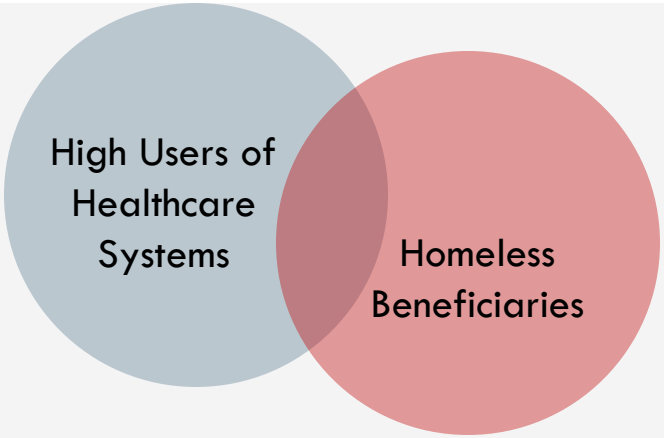
California's Health Home Program (HHP): AB 361



CA HHP Target Populations:

1. Individuals who have 2+ chronic conditions including SUD
2. Individuals who have 1 chronic condition & risk of 2nd
3. Individuals who have SMI
4. Individuals who are frequent hospital users
5. Individuals who are homeless

HHP Eligibility:

2+ Chronic Conditions or 1 SMI

- Asthma
- COPD
- Diabetes
- TBI
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Liver Disease
- Dementia
- Substance Use Disorders
- Hypertension + COPD, Diabetes CAD or CHF
- Asthma + Risk of Diabetes, SUD Depression or Obesity
- Major Depressive Disorders
- Bipolar Disorder
- Psychotic Disorders (Schizophrenia)

+

High Acuity

- 3 ED visits
- 1 IPT stay
- chronic homelessness

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Guiding principles for Health Homes

CARE COORDINATION & HEALTH PROMOTION

COMPREHENSIVE TRANSITIONAL CARE

COMMUNITY and SOCIAL SERVICES

INDIVIDUAL AND FAMILY SUPPORTS

HEALTH IT, DATA

COMPREHENSIVE CARE MANAGEMENT

OUTREACH & ENGAGEMENT

Each CB-CME team must provide the full array of core Health Home services

DHCS Policy Goals:

- Improve care coordination
- Integrate palliative care into primary care delivery
- Strengthen community linkages within health homes
- Strengthen team-based care, including use of community health workers/promotores/other frontline workers
- Improve the health outcomes of people with high risk chronic diseases
- Reportable net cost avoidance within two years

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CA HHP Structure

"Lead Entity": Managed Care Plans (MCPs)
- Maintains overall responsibility for HHP (administration, network management, HIT support/data exchange)
- Receives health home payment from the state and flows to partners
- Must partner with one or more community-based care management entities

Community-Based Care Management Entities (CB-CMEs)
- Responsible for providing the core HHP services and maintaining a health action plan (HAP) for each enrollee
- Dedicated care manager is located within this entity
- Entity receives payment for health home services via a contract with health plans

Community and Social Support Services
- Provides services that meet the enrollees' broader needs

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HHP Teams Provide 6 Required Services

Team Staffing

- Health Home Director
  - PCP Consultant
  - BH Consultant
  - Dedicated Care Managers
    - Housing Navigator
    - Community Health Workers

Health Home Services

COMPREHENSIVE CARE MANAGEMENT

CARE COORDINATION

INDIVIDUAL and FAMILY SUPPORTS

COMPREHENSIVE TRANSITIONAL CARE

COMMUNITY and SOCIAL SERVICES

HEALTH PROMOTION

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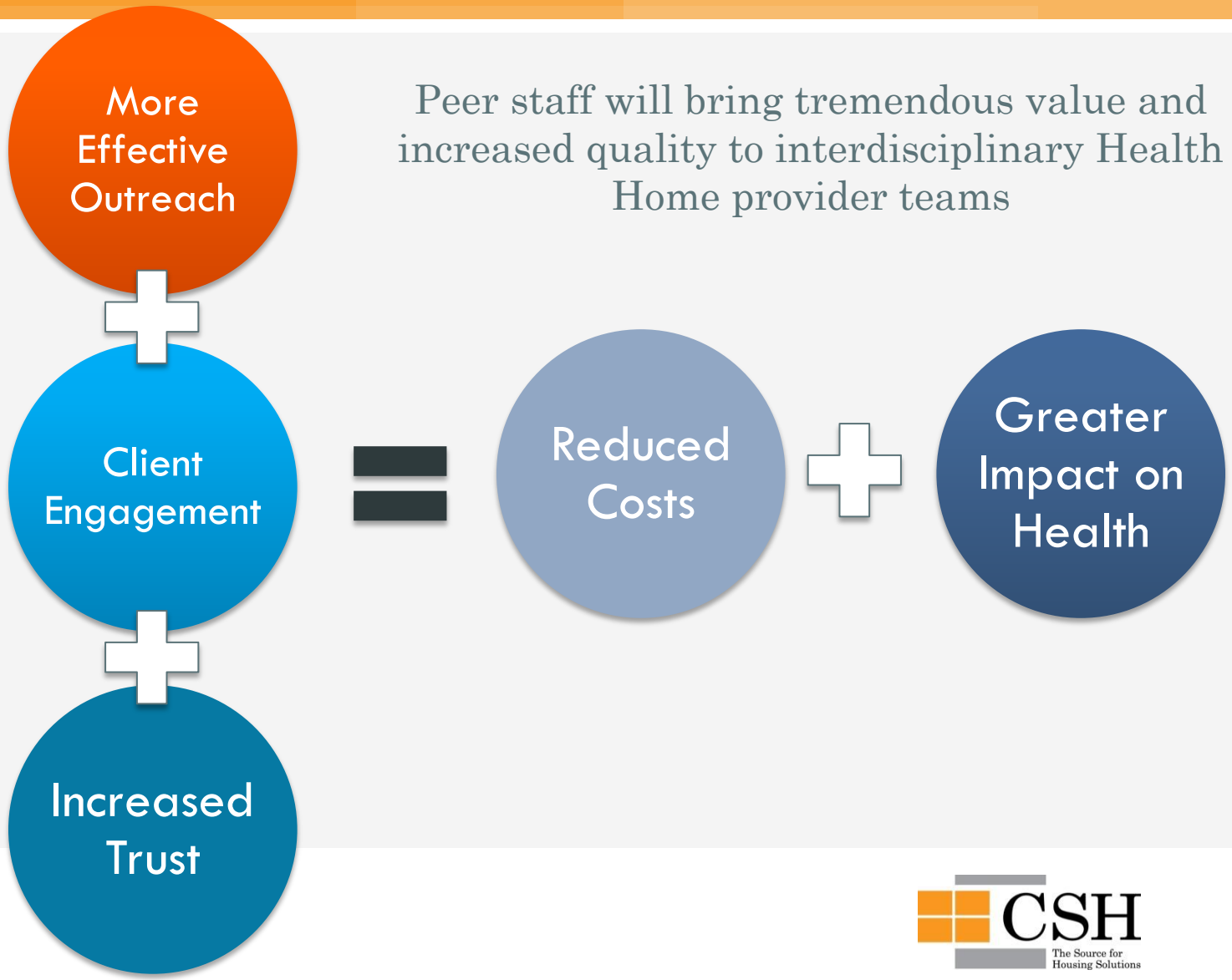
Value of Peer Staff with Lived Experience of Homelessness



Peer staff will bring tremendous value and increased quality to interdisciplinary Health Home provider teams

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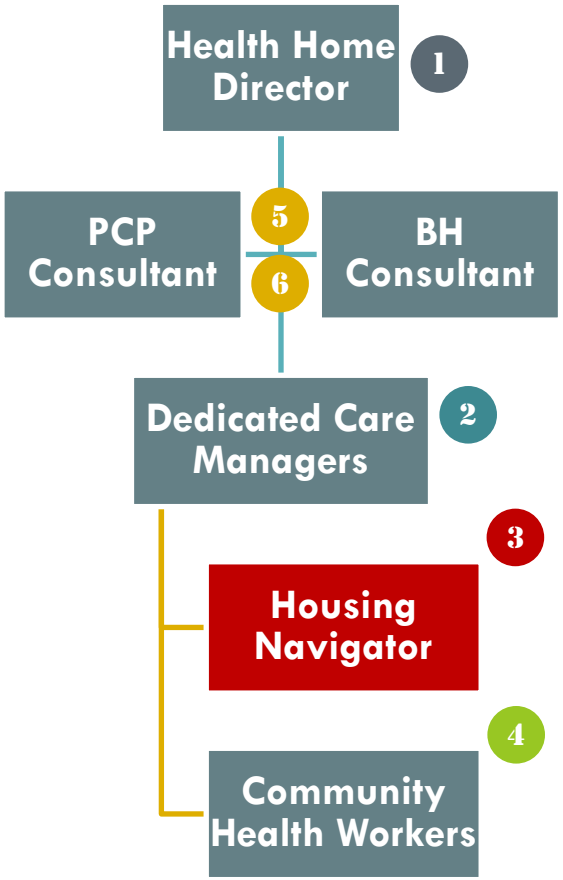
HHP Staff Roles



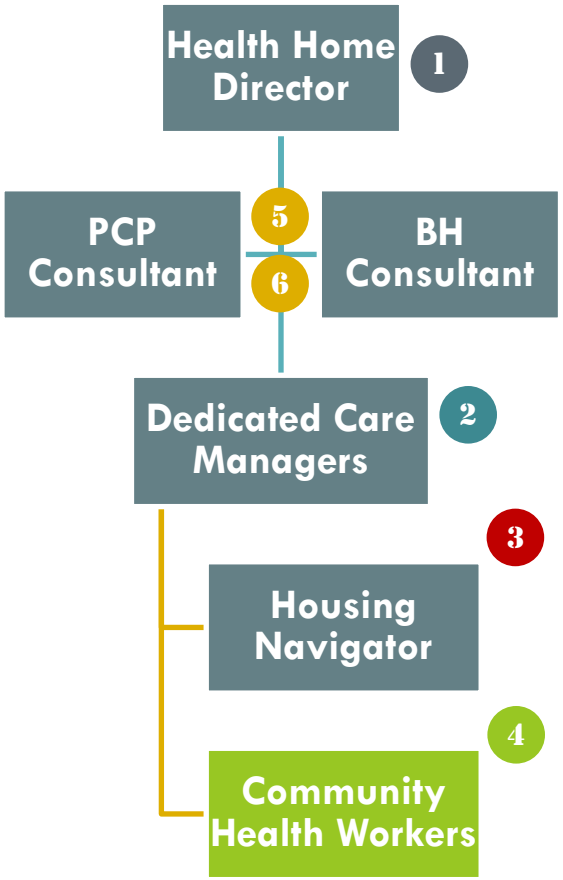
3 ***For HHP Members Experiencing Homelessness:***

Housing Navigator

Paraprofessional or other qualification based on experience and knowledge of the population and processes

- Form and foster relationships with housing agencies and permanent housing providers, including SH providers
- Partner with housing agencies and providers to offer the HHP member permanent, independent housing options, including supportive housing
- Connect and assist the HHP member to get available permanent housing
- Coordinate with HHP member in the most easily accessible setting, within MCP guidelines (e.g. could be a mobile unit that engages members on the street)

HHP Staff Roles



4 **Community Health Workers**

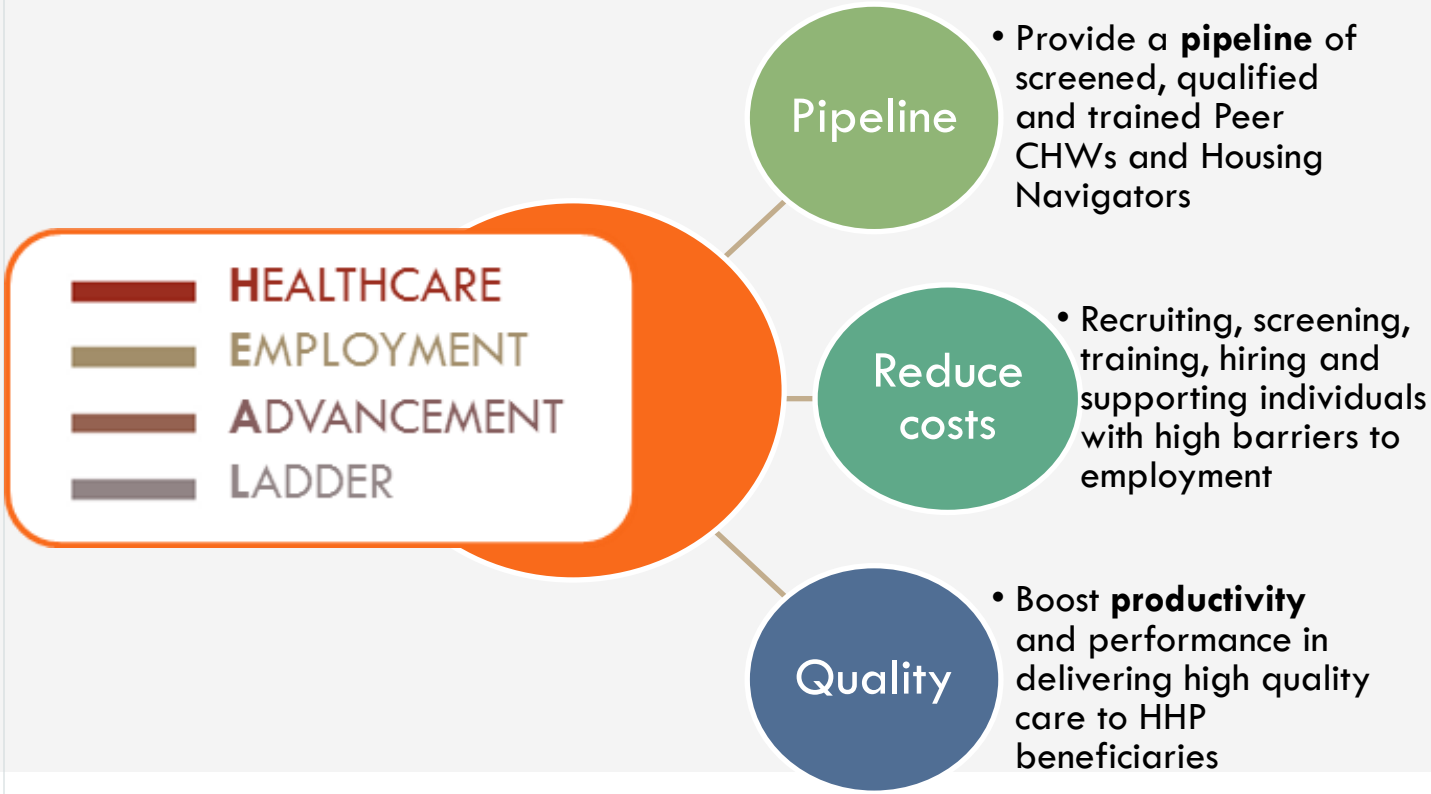
Paraprofessional or peer advocate

Administrative support to care manager

- Engage eligible HHP members
- Accompany HHP member to office visits, as needed, and in the most easily accessible setting, within MCP guidelines
- Health promotion and self-management training
- Arrange transportation
- Assist with linkage to social supports
- Distribute health promotion materials
- Call HHP member to facilitate HHP visit with care manager

Workforce Benefits to HHP Teams

With the **CA Health Homes Program (HHP)** launching in 2018 in Los Angeles, managed care plans and community-based providers will face increasing workforce demands, and need a pool of individuals qualified to fill these positions.



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Core Health Homes Services at-a-Glance

COMPREHENSIVE CARE MANAGEMENT

- Identifying HHP Members
- Engaging Member in Care
- Assessing Member Self-Management
- Promoting Self-Management
- Supporting Goals
- Coordinating and Collaborating with Providers

CARE COORDINATION

- Implementing HAP and Supporting Members
- Navigating Health, BH, Housing
- Monitoring Treatment
- Sharing Info

HEALTH PROMOTION

- Encouraging Decisions
- Health Education
- Assessing Member Self-Management
- Linkages to Social Services

COMPREHENSIVE TRANSITIONAL CARE

- Data (Member History/Medication) on Discharge
- Timely Scheduling of Follow-Ups
- Educating Member on Transition
- Bridge housing and transportation
- Team collaboration to track/ prevent readmissions

COMMUNITY and SOCIAL SERVICES

- Identifying Social Service Needs
- Identifying Resources
- Actively Managing Referrals
- Navigating & Locating Perm. Housing for Homeless Members

INDIVIDUAL and FAMILY SUPPORTS

- Peer Supports, Support Groups, Self-care
- Transporting & Accompanying to Appointments
- Treatment Adherence & Medication Management

HEALTH IT DATA

- HHP Member Portal
- Register HHP Members
- Point of Care Charting
- Summary of Care Records for Care Transitions

The Foundation = Individual Health Action Plan (HAP)

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Emerging Health Homes for Homeless Members in L.A. County (30+ orgs)

8 COMMUNITIES + 15 HOMELESS SERVICES PROVIDERS + 8 FQHCs + 19 HOSPITALS

Westside	OPCC	Venice Family Clinic	Providence St. John's	Santa Monica UCLA
	St. Joseph Center			
Downtown Boyle Hts	HHCLA	HHCLA	St. Vincent	Olympia Medical Ctr
				Good Sam
	Housing Works	JWCH	California Hospital	White Memorial
	Exodus	SRHT		
	TPC Lamp	DWC		
Pasadena	Housing Works	Saban	Huntington Hospital	
	Union Station	CHAP		
	HHCLA	HHCLA	Alhambra	
Glendale	Ascencia	NEVHC	Glendale Memorial	Glendale Adventist
				Verdugo Hills
SFV	Tarzana			
	LAFH + SFVCMHC	NEVHC	Mission Community	Kaiser Woodland Hills
				Kaiser Panorama City
South LA	SSG	Watts Healthcare	St. Francis	
		St. Joseph Center		
South Bay	MHALA	Children's Clinic	St. Mary	Providence Co. Little Mary
				Long Beach Mem

REDF

JOBS. GROWTH. IMPACT. HOPE.

Because creating opportunity is everyone's business.

REDF's MISSION

To create jobs and employment opportunities for people facing the greatest barriers to work.

SOCIAL + BUSINESS

Employment-focused social enterprise

Social

- Social supports
- Job training
- Job placement
- Career pathway

Business

- Growth
- Capacity to scale
- New lines of business
- Job creation

SOCIAL ENTERPRISE MODEL

1 Recruitment and Life Skills Orientation

2 Social Enterprise (Transitional) Employment

3 Job Placement

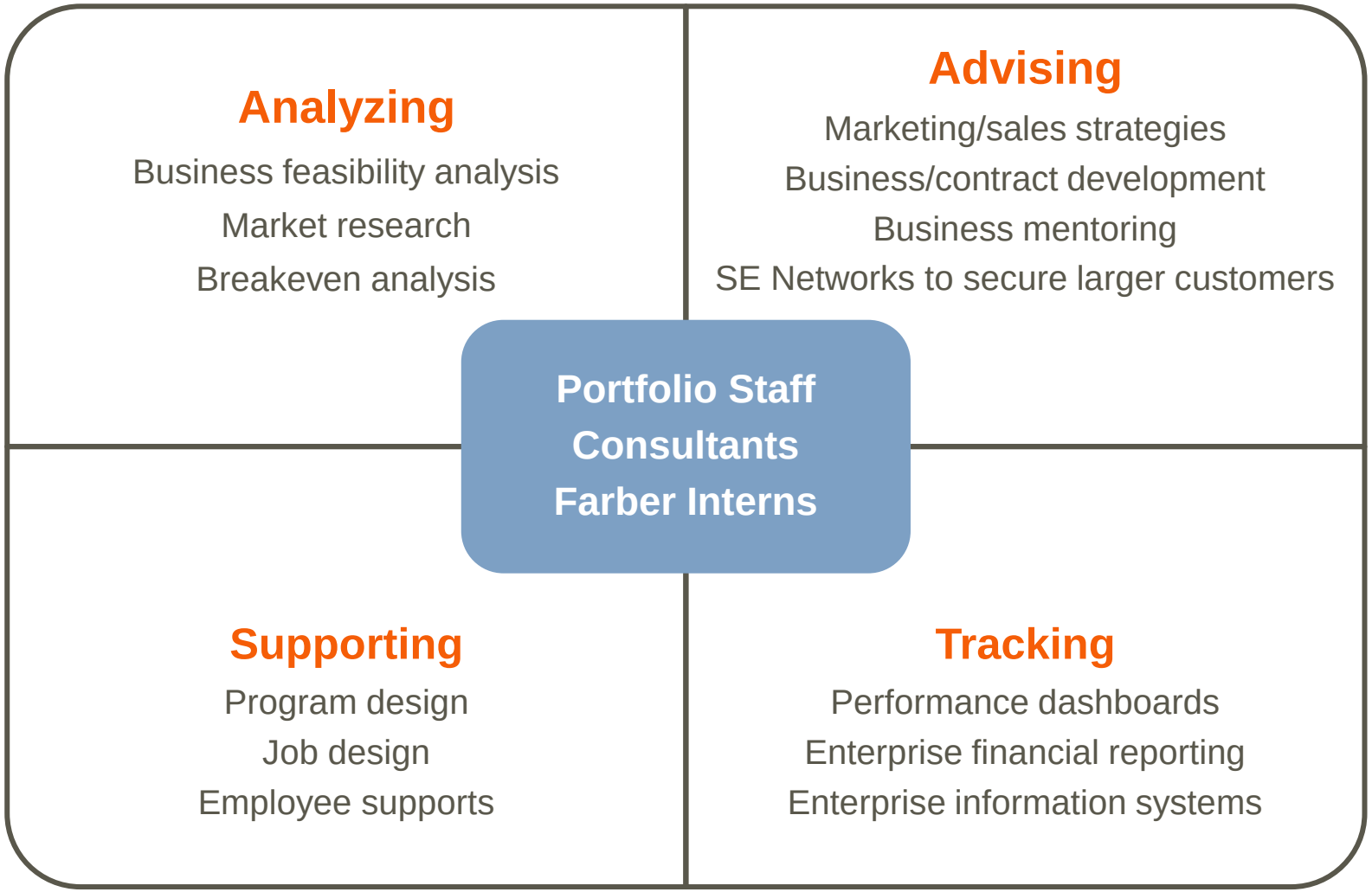
- Job Coaching and Supports
- Job Development and Placement
- Retention Services

REDF'S NATIONAL INVESTMENT IN SOCIAL ENTERPRISE

STRATEGIC GRANTMAKING:

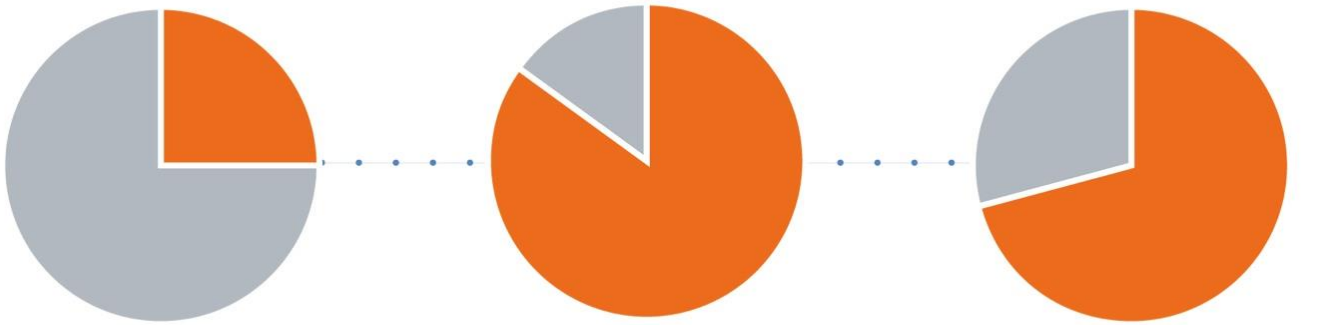
- Community Kitchen Pittsburg, Pittsburg, PA
- EcoWorks, Detroit, MI
- Goodwill Industries of Southern Piedmont, Charlotte, NC
- Neighborhood Industries, Fresno, CA
- Primavera Foundation, Tucson, AZ
- Rebuilding Exchange, Chicago, IL
- Reconcile New Orleans, New Orleans, LA
- Second Chance Inc., Baltimore, MD
- Thistle Farms Inc., Nashville, TN

TECHNICAL ASSISTANCE PROVIDED TO PORTFOLIO



REDF MATHEMATICA JOBS STUDY FINDINGS

PEOPLE ENTERING THE SOCIAL ENTERPRISES (SEs)

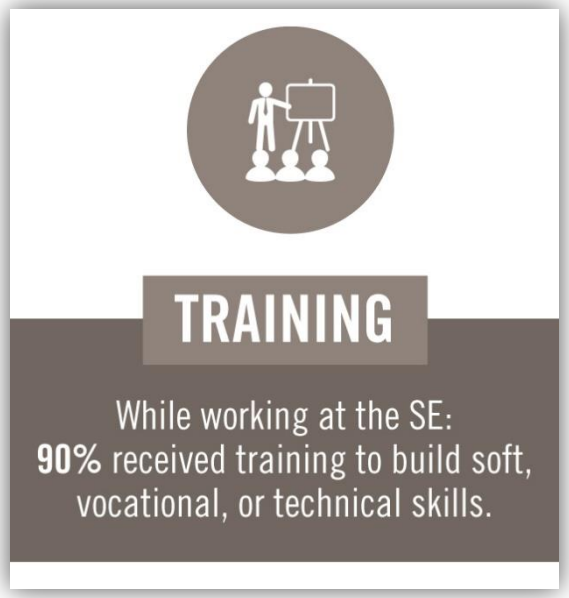


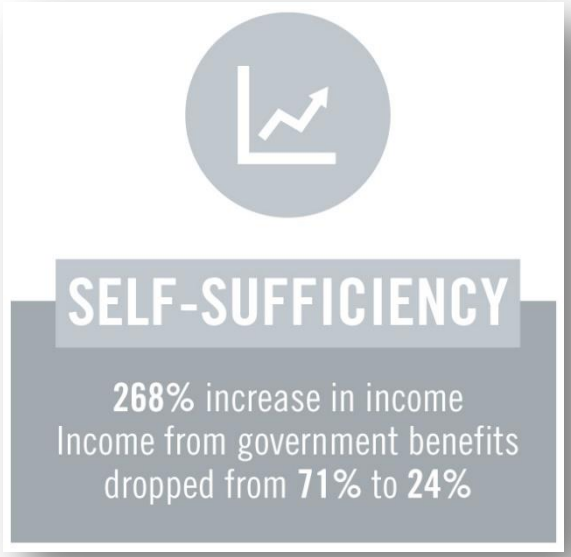
25% never had a job

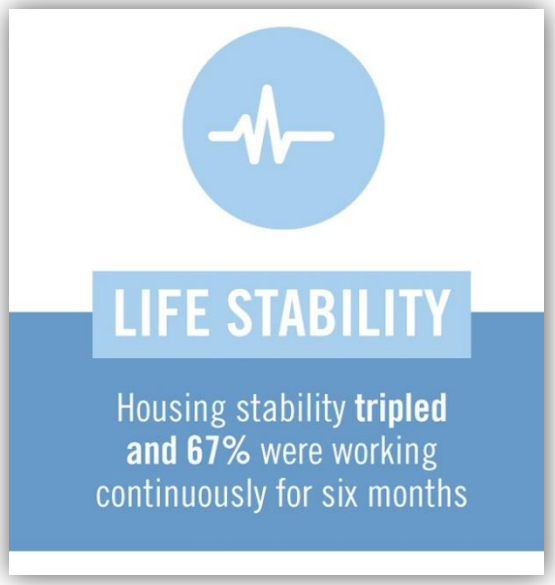
85% didn't have stable housing the year prior

71% of monthly income came from government benefits, 23% came from work

HOW SOCIAL ENTERPRISE BENEFITS INDIVIDUALS



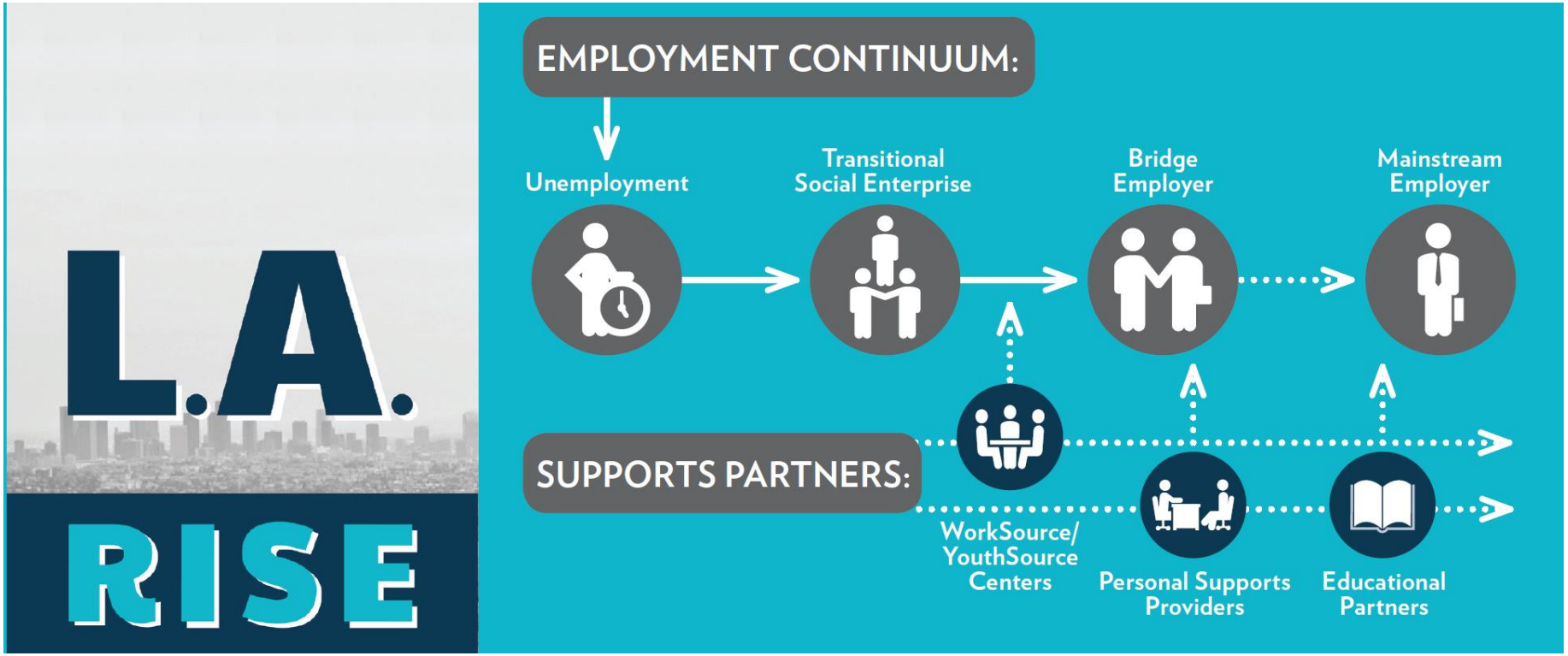




REDF

FRAMEWORK: MULTI-SECTOR PARTNERSHIPS

Los Angeles: Regional Initiative for Social Enterprise takes an innovative approach in connecting public sector agencies, non-profit support services, and employers to help participants develop the skills they need to enter and succeed in the workforce.



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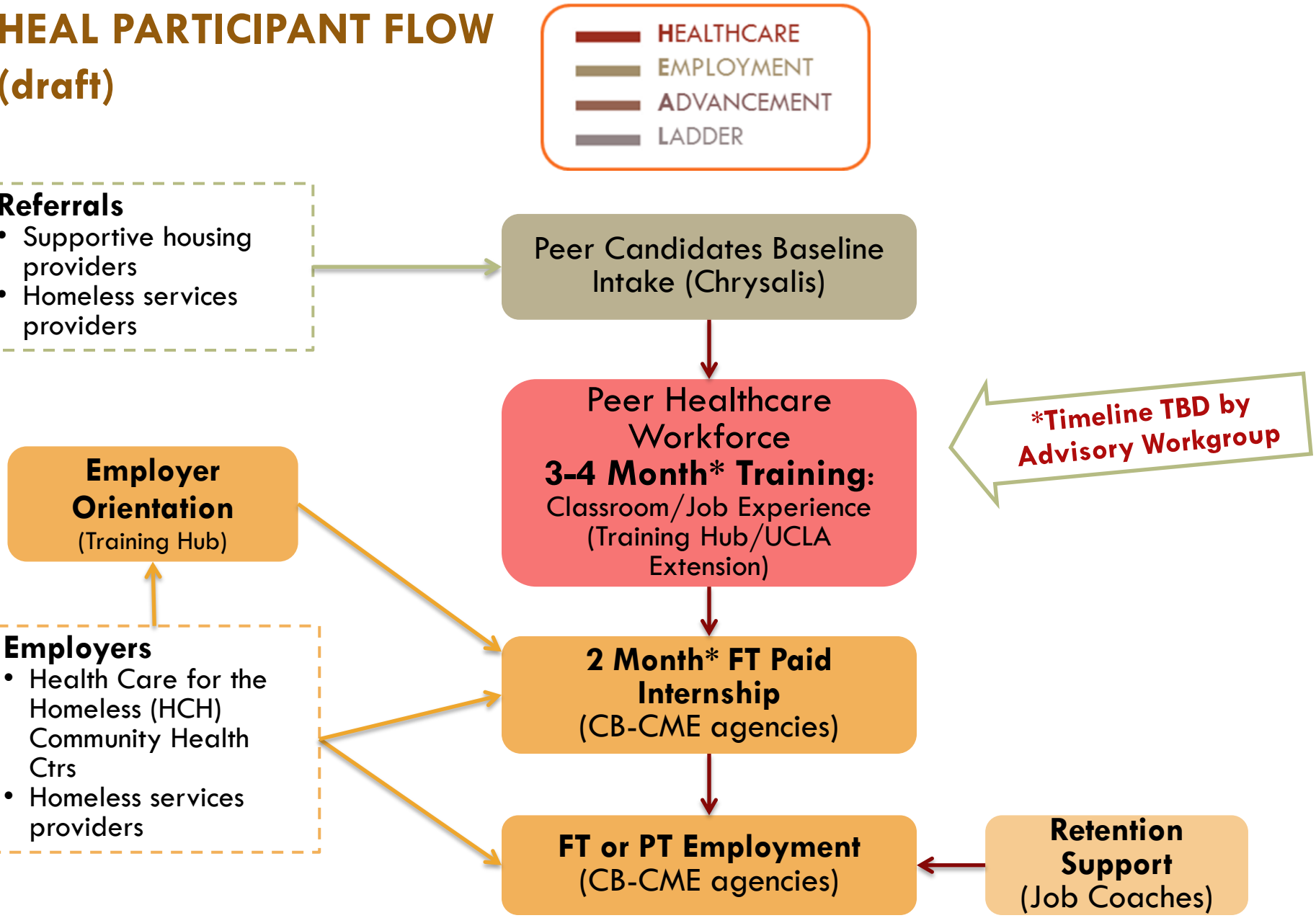
HEAL PARTICIPANT FLOW (draft)



HEALTHCARE
EMPLOYMENT
ADVANCEMENT
LADDER

DRAFT Training Curriculum Framework

*Training-internship timeline TBD by Advisory Workgroup

Peer Healthcare Workforce **3-4 Month* Training:**
Classroom/Job Experience
(Training Hub, UCLA Extension)

Peer Values and Skills
- Peer model and peer values
- Wellness Recovery Action Plon (WRAP)
- Person-centered principles (PCP)
- Trauma informed practice
- Self-determination
- Documentation and peer values

Basic Job Readiness
- Conflict management
- Crisis prevention
- Communication
- Customer service

Health Care
- Comprehensive, team-based care management
- Care coordination, chronic conditions, managed care 101, medical & MH homes, SUD tx
- Health care for homeless, harm reduction, medication, appointments
- Health data privacy, reporting

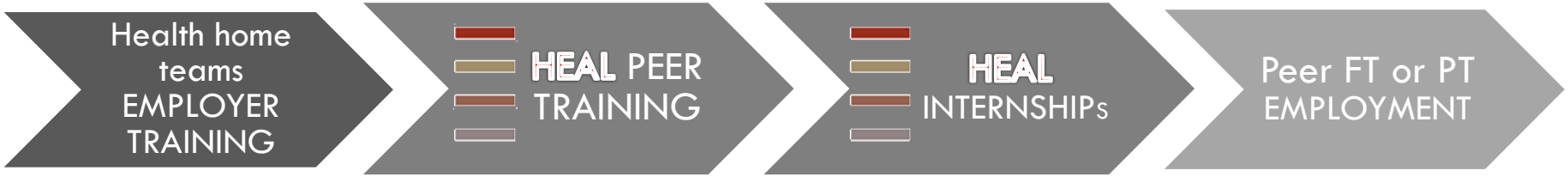
Housing Navigation and Retention
- SH 101 and Housing 1st
- Housing navigation
- Tenancy sustaining services, daily living skills, budgeting, crisis management

Combination classroom and on-the-job training:
- Work 2 days at social enterprises, to practice basic job skills
- Train in classroom 3 days (paid 5 days/wk)
- Correlate work responsibilities with training

2 Month* FT Paid Internship
(CB-CME agencies)

HEALTHCARE
EMPLOYMENT
ADVANCEMENT
LADDER

Training Structure



- *Community Health Centers*
- *Homeless Services Providers*
- *Behavioral Health Providers*

(1-2 days)

- *Combination of classroom/on-the-job training*
- *Training CBO (TBD)*
- *UCLA Extension (TBD)*

(3-4 months)

- *@ Health Home providers*
- *Job placement*

(2 months)

- *@ Health Home providers*
- *Job coaches*

(Permanent)

Trained Peer Community Health Workers (CHWs) & Housing Navigators with lived experience of homelessness will play a unique and vital role in providing a range of support to connect HHP members to health care and housing